

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/597688**

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL DEP. | 114 | ← | 48 | ← | | ← |
| TOTAL CLAIMS | 116 | | 50 | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| TOTAL IND. | | ↓ | 0 | ↓ | | ↓ |
| TOTAL DEP. | | ← | 2 | ← | | ← |
| TOTAL CLAIMS | | | 2 | | | |